

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 09936726

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	2					
5	2					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22	2					
23	2					
24	2					
25	1					
26	1					
27	1					
28	1					
29	2					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36						
37						
38						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	39	←	←	←		
TOTAL CLAIMS	41					

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
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61						
62						
63						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		←	←	←		
TOTAL CLAIMS						